

# Home Health Technical Advisory Committee Meeting 1/21/15

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## **Technical Advisory Committee Members present:**

Billie Dyer- KY HomeCare Association  
Sharon Branham- KHCA  
Rebecca Cartright- KHCA  
Susan Stewart- KHCA/ARH

## **Department for Medicaid Services staff present:**

Erin Varble- Division of Community Alternatives- Director's Office  
Gregg Stratton- Division of Community Alternatives- Branch Manager- HCBS Branch  
David McAnally- Division of Program Quality and Outcomes  
Earl Gresham- Division of Community Alternatives- Assistant Director

## **Managed Care Organization Representatives present:**

Holly Garcia- Coventry  
Matt Fitzner- Anthem  
Mary Hieatt- Humana Care Source  
Pat Russell- Wellcare

## **Others present:**

Carmel Comendador- Deloitte  
Angela Morgan- Deloitte  
Pam Smith- HP  
Tracy Treat- Carewise Health  
Nikki Martin- HP  
Arianna Afshari- KHCA

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The Home Health Technical Advisory Committee met on January 21, 2015 at 11 AM. Meeting was chaired by Sharon Branham, KHCA.

- I. Meeting was called to order.
- II. Introductions were made.
- III. Have a special guest speaker. Angela Morgan and Carmel Comendador from Deloitte to speak about the Medicaid Waiver Management Application (MWMA) training. (see presentation handout)
  - a. Collaboration between CHFS and KY Dept. for Health and Information Technology.
  - b. Two different release dates: Spring and winter 2015. 1<sup>st</sup> release will be April 17, 2015.
  - c. Classroom training will be available all over KY for 9 weeks beginning in February. Online training available as well.
  - d. This program will be used for online assessments, CDO budgets, waiver applications, etc. This has nothing to do with the HCB Final Rule.
  - e. Sharon encouraged everyone to sign up for trainings.

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- f. Have a mailbox set up for any questions you have. Will sent PowerPoint to Erin to send out with minutes.
- g. Application will be used by all levels of people. Will be in correspondence with KYNECT in an effort to have single portal for Waiver applications.
- h. Ultimately reduce paperwork, "Real time" access to documentation. Person centric system- guiding principles for the application.
- i. Patients, Guardians will be able to access POC on the portal- on second release.
- j. Families will eventually be able to apply for waiver services, SNAP, Medicaid services online.
- k. Eventual integration with Enterprise Systems- will interface with records.
  - i. Some paper forms will still be used and then uploaded to the system.
  - ii. Providers will need to invest in scanners.
  - iii. System accepts PDF's, TIF's and TIFF's.
- l. Will have some dual documentation if provider has own filing system.
  - i. This system will become the norm, and will have to be used.
- m. Families, Case Managers, Providers will be able to track waiver status in real time. Forms will be available to view immediately.
  - i. Keep people informed of key elements in waiver application process.
  - ii. Does have all the needs of a web based application- must have internet access.
- n. Classroom Trainings- 2 day course. 16 hours a day. Mon-Tues or Thurs.- Fri.
- o. Reserved computer labs in all 9 DCBS regions for trainings and simulations.
  - i. 14-20 seats in each class.
  - ii. Still finalizing the rosters, will release in next few weeks.
- p. Training itself is free- cost would be for any travel only.
- q. Sharon- Can they set up training in March, in Lexington, to catch the people who can't make currently scheduled trainings?
  - i. Currently scheduled to train every week from February to first week of April. Hopefully that will cover everyone.
- r. ECU will be hosting the online courses and simulations.
  - i. ECU has access to the 300 page manual.
- s. Learn more at MWMA web page on the CHFS website.
- t. Overall life cycle of the process.
  - i. Software will take into consideration personal preferences when it comes to which waiver a person applies/qualifies for.
  - ii. Possible issues with Conflict Free Case Management.
    - 1. Appears that the Case Management agencies and providers of care are the same?
    - 2. Who should Sharon contact about this?
  - iii. Earl to provide a list of case management agencies.
    - 1. List of 150-200 CMA's
    - 2. How do you get on this list?
- IV. Motion to accept minutes- Accepted, seconded.
- OLD BUSINESS**
- V. Enrollment of Private Duty Agencies:
  - a. Currently no new providers.
- VI. Updated enrollment fo Public Health Department Home Health Agencies.
  - a. Billy's group been working on getting contracts with MCO's.

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- i. Health Departments usually go through Department for Public Health.
  - ii. Independent providers can contact liaison's to do contracts.
  - iii. MCO's submit contact information to Sharon for people to contact for contracts.
- VII. Wellcare follow up regarding information Pat Russell was researching:
  - a. Discharge planning and authorization in place for PA.
    - i. Not true. Some confusion around QE. Situation didn't have HH on discharge form.
  - b. Limits on normal saline.
    - i. No one should ever reach that limit- Pat Researching further
  - c. Supply co-pays.
    - i. All claims have been reprocessed.
  - d. Codes for ulcers. Why denied?
    - i. Requested more information. Code depending on where ulcer is on the body.
  - e. Therapy visit limits/no limits.
    - i. All based on medical necessity.
  - f. Skilled Nursing limits?
    - i. Medical necessity.
    - ii. Private duty nursing is different- have to check the regulation.
- VIII. Wellcare Follow up to requested contracts for DME providers.
  - a. Have reached out, currently in communication.
- IX. Carewise follow up for PRO for HCBW requiring assessments prior to submission of financial information.
  - a. One time glitch? Nothing has changed in the procert process.
- X. EOB required for Medication Prefills? Any Resolution?
  - a. Holly to check on it. Sharon to get info to Holly.
  - b. May have been a human error.
- XI. Therapy Limis (Coventry) in-patient and out-patient.
  - a. No limits for HH Services. Doesn't combine.
- NEW BUSINESS**
- XII. Limits for KY Benefit Limits 25 per calendar year?
  - a. Info to Pat. Soft Limits?
- XIII. WellCare- not sending Authorizations.
  - a. Info to Pat.
- XIV. Requirements for who completes a Prior Authorization.
  - a. Clerk or a nurse. Who faxes PA's?
  - b. Does this really matter?
- XV. Dates for authorization not matching with request (dates requested)
  - a. Human Error. Lack of communication.
- XVI. Carecore not providing Prior Authorizations (PA numbers but no PA in writing with both EPSDT and PT)
  - a. Locate Pediatric form-not online
- XVII. Slow PA (wellcare and Anthem)
  - a. Really long time on the phone (up to 2 hours). Then still don't get anywhere.
  - b. Get denied because they didn't get the PA on the day the care started.
  - c. Online process doesn't work or takes ridiculous amount of time to see if PA will go through.

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- d. Goal is 2 days at the max.
- e. Submit them online, but then try to speed them up by calling as well. Still takes 2-3 hours.
- XVIII. Susan- Anthem- Denied supplies.
  - a. Any supplies used by nurse in home, cannot leave extra wound care supplies in the home.
  - b. Says client must go through DME.
  - c. Violation of CON?
  - d. Susan to get info to Anthem.
- XIX. Billy- Holly to call Billy/Tara about codes/billing/collections.
  - a. Billy to email info to Holly.
- XX. Billy- Issues with Diagnosis of sensory integration disorder.
  - a. Resolved once, now resurfaced. Insufficient scientific evidence.
- XXI. Billy- EPSDT- denials for therapy- in home vs. outpatient therapy.
- XXII. Billy- Wellcare- EPSDT special services- find a pediatric form online.
  - a. Can't find anything.
  - b. Can't be more than 7 days old, but can't be faxed in more than 7 days before.
  - c. Authorize for max 30 days. Not enough visits.
- XXIII. Letters from DMS- Mass Adjustments
  - a. Sheila and Mary Ann are taking care of this, result of the Pickle Amendment.
  - b. Letters come from Lee Guice's department. Not all letters have been sent out.
  - c. Send all claims to Mary Ann, she does a mass adjustment, then refund is send to provider. Provider to send refund to client.
  - d. Refunds to go into a spend-down account or something to keep them from being kicked out of Medicaid eligibility.
  - e. Sharon to contact Lee and Sheila about the Pickle amendment.
- XXIV. DCBS 1-855 number. Still doesn't work well. Wait time is way too long.
- XXV. Sharon wants to invite Leslie Hoffmann, new Director for Community Alternatives to TAC meetings. Would like to meet her.
- XXVI. Ellenore went to Program Integrity end of November 2014. New ADHC nurse, Beth Coffey, started beginning of January.
- XXVII. HB 144- Presumptive eligibility for HH. Several meetings scheduled. Going to tighten up the language.
  - a. Expand Home Care and reduce Nursing home costs.
  - b. Within 10 days of referral.
  - c. Significant cost reduction for those states who have implemented this same plan.
- XXVIII. Meeting dates:
  - a. January 21<sup>st</sup>
  - b. March 25<sup>th</sup>
  - c. May 27<sup>th</sup>
  - d. July 22<sup>nd</sup>
  - e. Sept. 23<sup>rd</sup>
  - f. Nov. 18<sup>th</sup>
  - g. Dates subject to change.
- XXIX. Anthem- Duplicate authorization letters.
  - a. Skilled and Therapy letters. No concerns being voiced at the moment.
- XXX. Adjourned.